# Association of Schools of Public Health Leading the Way to Workforce Preparedness

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Secretary's Council on Public Health Preparedness

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# ASPH & Public Health Preparedness



 Academic Centers for Public Health Preparedness, CDC





Pre-Event Messaging, CDC

Public Health Training Centers, HRSA

### ASPH Guiding Lights

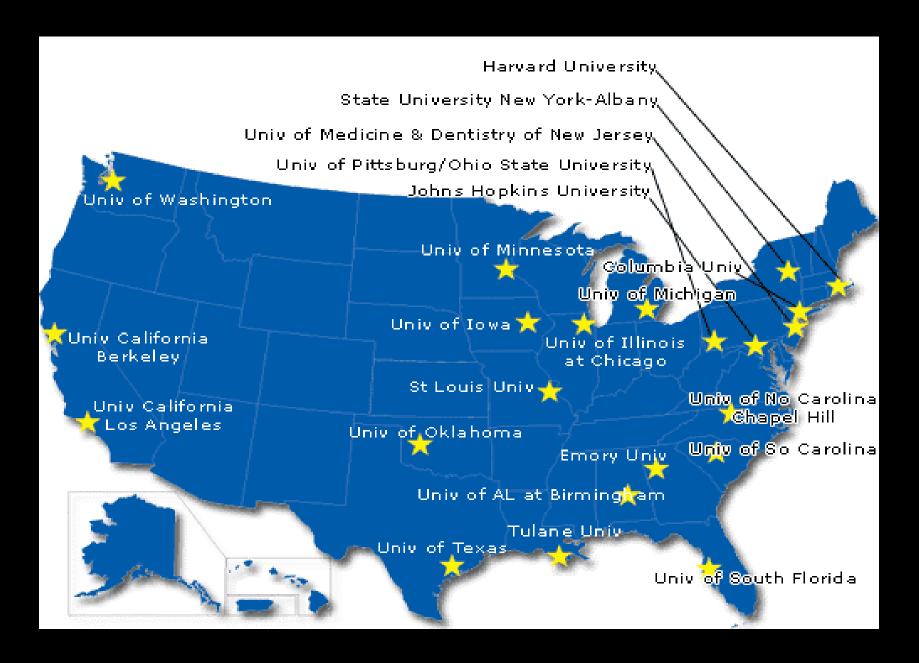
- Framework Document –
   created uniformity (May 2002)
- Shared Vision Document refined mission (October 2003)
- Network Document draft—operationalizes mission (April 2004)
- PHTC Operational Plan organizes activities (March 2004)



## Academic Centers for Public Health Preparedness

- Established in 1999; project renewal 2004
- Project growth: 4 21 centers in 23 SPH;
   2 collaborative centers
- Core Functions:
  - Assessment/ReAssessment
  - Training
  - Technical Assistance
  - Capacity Building
  - Evaluation/Acountability
  - Partnership

#### Academic Centers for Public Health Preparedness



### "Building Bridges" Project

- Shared Vision
  - Preparedness Summit
- A-CPHP Evaluation
- NACCHO's Public Health Ready
- Curriculum Review
- Surge Capacity

### Pre-Event Background

• Charged by CDC to develop "pre-event" message content for terrorism

- Selected SPH
  - Saint Louis University
  - University of California at Los Angeles (UCLA)
  - University of Alabama at Birmingham (UAB)
  - University of Oklahoma
- Priority areas: Plague, botulism, radiation, chemical, suicide bomber (new addition)

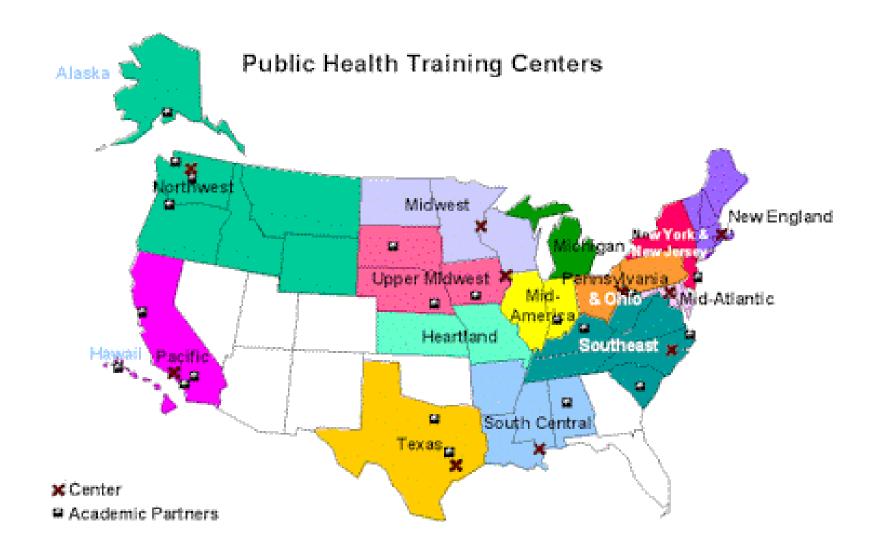
#### Pre-Event Activities

- 55 focus groups conducted in Year 1, with the following 11 audience segments:
  - Urban African-American
  - Rural African-American
  - Urban Hispanic
  - Rural Hispanic
  - Urban Asian
  - English as a Second Language
  - Urban White
  - Rural White
  - Native American
  - First Responders
  - Frontline Public Health

### Public Health Training Centers

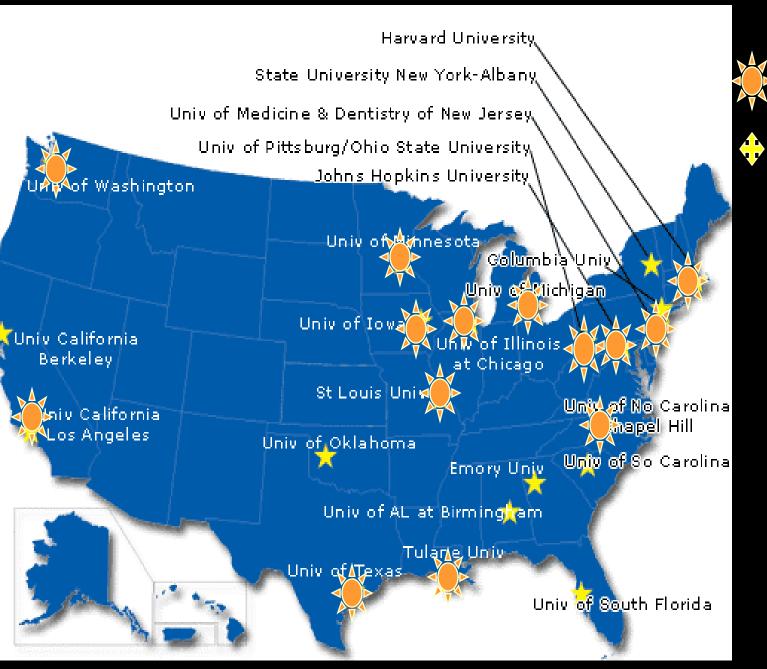
- HRSA-funded network of 14 training centers in 27 SPH coordinated by ASPH
- PHTCs provide fundamental education and training in public health
- Not terrorism specific -- fundamental education is essential because only after receiving the basics can a public health worker be prepared to pursue specialized/BT training
- PHTCs have a different but complementary mission to A-CPHP

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### Coordinated Network

VISION REALIZED—IMPACT ACHIEVED







A-CPHP

# Impact on Academic-Practice Partnerships

- SPH are not just partnering with the state and local health departments (which have lead authority for public health work) but are internally restructuring their organizations to meet the needs of practice partners
- 95% A-CPHP have relationships with their state health departments; 100% with at least one local health department
- PHTC Network collaborates with 230 public health practice organizations

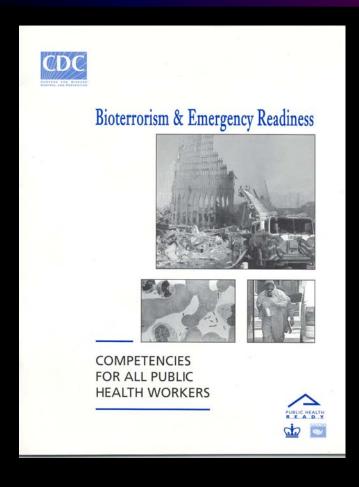
### Impact on Needs Assessment

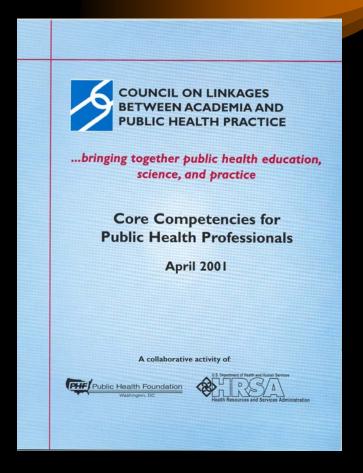
- 100% A-CPHP are working with their state and local partners to assess training needs and training capacity
- Assessments conducted by on-line surveys, focus groups, interviews and meetings
- Trainings are <u>tailored and delivered</u> based on assessed needs
- Trainings are <u>formatted and delivered</u> based on assessed capacity of the workforce (e.g., in-person, CD-ROM, satellite)

### Impact on Training

- *Estimated* 17,854 professionals participated in an A-CPHP sponsored training event in the 1<sup>st</sup> quarter of 2004 alone
- Public Health Preparedness Resources Center -- **Free** electronic catalog of BT and emergency preparedness courses and training activities housed at ASPH (http://www.asph.org/acphp/phprc.cfm)
- Trainings delivered based on assessed needs and standardized competencies

### Standardized Competencies





# Impact on Program Accountability and Evaluation

- Detailed progress reporting/data collection system developed by ASPH for A-CPHP
- 100% A-CPHP actively evaluating the success of programs on individual competence and organizational capacity
- Evaluation and research methodologies shared across network to achieve common definition of "workforce preparedness"
- Working to coordinate data collection efforts with PHTC to avoid duplication and maximize impact

#### Lessons Learned

- Academic-Practice partnerships work. They take a lot of care, feeding and time to develop and mature.
- Practice partners want curricula tailored to their specific geographic and political needs – "one size fits all" approach isn't always appropriate
- SPH are not just partnering with the state and local health departments but are structuring organizations to be supportive of their practical 18 needs

### Lessons Learned (cont.)

• Consistent CDC and HRSA direction is vital to achieving goals

• States and local health departments must receive same messages about collaboration as A-CPHP/SPH

### Looking to the Future

- Work with CDC and partners to further refine Shared Vision
- Respond to A-CPHP RFA due out in May
- Convene Workforce Preparedness Summit (Sept 2004)
- Incorporate CDC's 13 Specialty Centers in to network of Academic Centers

### Looking to the Future (cont.)

- Support A-CPHP workgroups around common themes interest areas:
  - Topics include: psychosocial issues on preparedness, exercises and drills, needs assessment
  - Potential Products: toolkits, competencies, model curricula
- Continue to advance Pre-event project as it continues to inform CDC message strategy
- Continue to support coordination of PHTC/A-CPHP activities and data collection

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